	PATE	NT APPLICA Effe	TION FE	E DETERN cember 8, 2	11NA 2004	TION REC	ORD	740	/ <i>O</i>	/	Docket N 602	•
		SMALL ENTITY OTHER THA										
	TOTAL CLAIMS					olumn 2)			01		_	L ENTITY
I	FOR		NUM	NUMBER FILED		MBER EXTRA	RAT BASIC	 -	FEE 150.00		RATE	
	TOTAL CHAR	GEABLE CLAIM	s	minus 20=			┨ ┠──	+	130.00		BASIC FI	EE 300.00
	INDEPENDENT CLAIMS			minus 3 =			X\$ 25	i=		OF	X\$50=	
	MULTIPLE DEPENDENT CLAIM PE						X100	-		OF	X200=	
	If the differen	+180	-		OR	+360=						
	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	† -
Г		CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							ΤΙΤΥ	OR		R THAN ENTITY
AMENDMENT A	2/23/0	REMAINING AFTER AMENDMEN	г	NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE	TI	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE
	Total Independent	. 26		- 2	4	=	X\$ 25=	\int		OR	X\$50=	
A	FIRST PRES	SENTATION OF I	Minus MULTIPLE C	PEPENDENT (3		X100=	1		OR	X200≈	
				JET ENOLITY	CAIIV		+180=			OR	+360=	
							TOTAL ADDIT, FEE				TOTAL	
_		(Column 1)		(Column		(Column 3)	ADDIT. FEE			,	ADDIT, FEE	<u> </u>
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ;		=	X\$ 25=			OR	X\$50≃	
AM	Independent FIRST PRESE	* ENTATION OF M	Minus	PENDENT C	A14.6	=	X100=	一	-	-	X200=	
			oern ee bi	- FRADENT C	-AIM		+180=			DR	+360=	
				,			TOTAL ADDIT. FEE		-4	<u>, , L</u>	TOTAL DDIT. FEE	
7	·	(Column 1)	Ţ · · · · · · · · · · · · · · · · · ·	(Column	2)	(Column 3)				~.	JUIT. FEEL	
		REMAINING AFTER AMENDMENT	"	HIGHEST NUMBER PREVIOUSI PAID FOR	LY	PRESENT EXTRA	RATE	ADD	AL		RATE	ADDI: TIONAL
	Total	*	Minus	**		= .	X\$ 25=	FEI	:	JF,	V050	FEE
	ndependent	4	Minus	***		=	Post Care		 °	``├-	K\$50=	
T	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X100=		_ 0	R []	(200=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL OR TOTAL												
		nber Previously Pai nber Previously Paid per Previously Paid					TOTAL ADDIT. FEE	opriate	Of box in		TOTAL DIT. FEE	

Application or Docket Number